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Bib Data Sheet

CONFIRMATION NO. 7904

SERIAL NUMBER 10/727,861	FILING DATE 12/04/2003 RULE	CLASS 433	GROUP ART UNIT 3738	ATTORNEY DOCKET NO. LDC-913
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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/431,961 12/09/2002 *CSL*

** FOREIGN APPLICATIONS *****

*NONE**CSL*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 03/04/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY DE	SHEETS DRAWING 7	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>CSL</i> Initials <i>CSL</i>				

ADDRESS

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TITLE

Cartridge for viscous dental material

FILING FEE RECEIVED 954	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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